Full name of bank or financial institution - Mandatory

| |
| |

Branch Name & complete branch address - Mandatory

| |
| |

Beneficiary bank and branch clearing code
(First 6 digits of RIB)- numeric only, no hyphen '-' or slash '/' or space allowed - Mandatory

Name of account holder (maximum 35 characters Alphabetic including spaces) - Mandatory

Beneficiary Account number (last 18 digits of RIB) - maximum 18 digits allowed (numeric only),
no hyphen '-' or slash '/' or space allowed - Mandatory

Currency the account is held in (If left blank local currency will be used)

| |

I wish the payment to be paid by direct deposit to the account noted above.

CAE/IPI Number _____   **Date** _____

Name _____   **Signature** _____

Morocco